

Crosby Society Enrollment Form

TO DOCUMENT YOUR PLANNED GIFT TO SALEM STATE UNIVERSITY FOUNDATION

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Class year and degree program (if applicable) _____

In order to support the mission of the Salem State University, my/our estate plan provides for the university as follows: (Select all that apply)

- There is a bequest in my/our will or trust to Salem State University Foundation. It includes:
 - A specific dollar amount: \$ _____
 - A percentage of my/our estate: _____%
- Salem State University Foundation is a/the beneficiary of my IRA or other retirement plan.
- Salem State University Foundation is the beneficiary of:
 - A Charitable Gift Annuity
 - A Charitable Remainder Trust
 - Other (please specify) _____

The current estimated value of this gift is (optional) \$ _____

- This gift is unrestricted and should be used for the university's priorities determined at the time of receipt of gift.
- This gift is restricted to (please specify a college, department, program, or scholarship):

Thank you. Your gift is an inspiration to others. May we add your name to the list of Alpheus Crosby Society members to be shared in university publications?

- I/We would like to inspire others with my/our example, and give permission for my/our name(s) to be published.
- I/We would be interested in being contacted to share my/our story with the Salem State community.
- I/We would like to remain anonymous.
- I/We would like to remain anonymous until the time of this gift.

Name _____ Date _____

Name _____ Date _____